

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G209		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/04/2013	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 6511 NEBRASKA HAMMOND, IN 46323			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for a pre-determined full recertification and state licensure survey.</p> <p>Dates of survey: May 22, 23, 24 and June 4, 2013</p> <p>Facility number: 000736 Provider number: 15G209 AIM number: 100234620</p> <p>Survey Team: Christine Colon, QIDP-TC Paula Chika, QIDP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed June 13, 2013 by Dotty Walton, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on interview and record review for 1 additional client (#3), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the client did not purchase clippers for staff to cut the client's hair.</p> <p>Findings include:</p> <p>Client #1's financial records were reviewed on 5/23/13 at 5:58 AM. Client #3's receipts indicated client #3 purchased a hair kit (clippers) on 5/11/13 for \$17.12 at a local store.</p> <p>Interview with staff #4 on 5/23/13 at 6:00 AM indicated client #3 purchased the clippers. Staff #4 indicated client #3 used to go to a barber and the clippers were at the group home.</p> <p>Interview with the Service Coordinator (SC) and administrative staff #2 on 5/24/13 at 1:38 PM indicated she was aware client #3 purchased clippers. The SC indicated the group home staff called her and said client #3 wanted to buy the hair kit clippers for his hair when they were at the store. The SC indicated she</p>	W000104	<p>The consumer will be reimbursed the cost of the clippers \$17.12 by 7/4/13. In addition Staff will be trained on taking the consumer out to the barbershop for a hair cut on an at least monthly basis. The Service coordinator will monitor client finances to ensure none of their money is spent on hair cuts or other expenses that are included in the daily rate.</p>		07/05/2013		

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	<p>had approved the purchase. When asked if client #3 could cut his own hair with the clippers, the SC indicated facility staff cut the client's hair. Administrative staff #2 indicated staff should not be cutting the client's hair and the client should be going out into the community to get his hair cut.</p> <p>9-3-1(a)</p>						

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W000111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on record review and interview for 2 of 2 sampled clients (#1 and #2), the facility failed to ensure the clients' records contained pertinent medical information and/or clients' assessments.</p> <p>Findings include:</p> <p>1. A review of client #1's record was conducted at the facility's administrative office on 5/23/13 at 2:29 P.M. Review of the medical record did not indicate any current physician's orders in client #1's record.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's medical record indicated client #2 did not have any current physician's orders in his record.</p> <p>Client #2's Cumulative Medical Record notes indicated on 12/19/12 a PSA (prostate cancer test) was done. Client #2's Cumulative records and/or chart indicated the results of the client's PSA test was not part of the client's medical record.</p>		W000111	<p>All Clients current physician orders will be filed in their chart by 7/4/13. Additionally, a release form for laboratory results has been developed and made available electronically. This form accompanies all consumers to laboratory testing and for hospitalizations to ensure the continuity of care between facilities. To ensure future compliance the service coordinator will audit the file during the first week of the month for two months and periodically thereafter. July 3, 2013The current month's physician orders are kept in a binder to document changes that occur during the month. These orders will be filed in the individual client files within 30 days of the close of the following month. To ensure all physician orders are accounted for, the Community Services Medical File Clerk will track and document physician orders sheets. The Director of Health Services will monitor clerk's tracking to ensure compliance.Each Monday the medical filling clerk will review the previous week's schedule for laboratory tests and hospitalization releases. She will</p>		07/04/2013	

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	<p>Interview with the Service Coordinator (SC) and administrative staff #2 on 5/24/13 at 1:38 PM indicated the nurse had the clients' physician's orders. The SC and administrative staff #2 indicated the client's physician's orders should be located in the client's record. The SC indicated the 12/19/12 PSA test was a routine laboratory test that was done. The SC stated "they (nurses) are looking for the results."</p> <p>9-3-1(a)</p>			<p>submit a request for information for each document not received and will maintain a log of these requests. The Director of Health Services will monitor clerk's tracking to ensure compliance. To ensure future compliance the service coordinator will audit the file during the first week of the month for two months and periodically thereafter.</p>			

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W000130	<p>483.420(a)(7) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>Based on observation and interview for 1 of 2 sampled clients (#2), the facility failed to ensure the client's privacy when dressing.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, staff #4 knocked on client #2's bedroom door to wake the client. Staff #2 left the bedroom door open. Client #2 sat up and started to dress with the door open, with staff #4 in the room. Staff #4 did not close and/or encourage client #2 to close the door.</p> <p>Interview with the Service Coordinator (SC) on 5/24/13 at 11:45 AM indicated facility staff should close the door and/or prompt clients to close the door when dressing.</p> <p>9-3-2(a)</p>			W000130	<p>All staff will be trained on client privacy and the preservation of client dignity during treatment and care of personal need by 7/4/13. To ensure that this practice continues, the service coordinator will visit the home three times a week until staff show proficiency in prompting and assisting clients in maintaining privacy. Once proficiency is developed, monitoring will reduced to bi monthly visits.</p>		07/04/2013

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2) and for 2 additional clients (#3 and #4), the facility failed to deploy staff in sufficient manner to meet the active treatment needs of the clients.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home, there was one staff (staff #4) on duty to 4 clients (#1, #2, #3 and #4) upon arrival at the group home at 5:50 AM. At 6:20 AM, Area Manager (AM) #1 arrived. After entering the group home, AM #1 announced he was the second staff person for the morning shift. At 6:25 AM, staff #4 started waking clients #1, #2, #3 and #4 who were on the third level of the group home. AM #1 remained on the second (main level) of the group home in the kitchen/living room area. Client #3 got up, dressed and went to the living room and sat down on the</p>		W000186	<p>AM will be re-trained on working with consumers and providing active treatment at this facility and others that he supervises by 7/4/13 so that he may assist staff as deemed necessary. The service coordinator will train with return demonstrations and will observe AM working with each client. In addition, the electronic time keeping system will be modified to monitor for the clock in of both staff, on applicable shifts so that appropriate staffing can be established in the event of scheduling difficulties. Are Area Managers required to work shifts that they fail to staff? Who is held accountable when staff does not show up? The Director will review audits of the house schedule weekly until an appropriate pattern of staffing is established. Once established, monitoring will fade to biweekly. July 3, 2013 Area manager enters schedules into a computerized scheduling system. The Area Manager will run a manual "open shift" report on this home daily until all shifts are full for the subsequent two</p>		07/04/2013	

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	<p>couch while AM #1 was in client #2's bedroom. At 6:40 AM, staff #4 started the morning medication pass with client #1, on the third floor lower level (basement). Clients #2, #3 and #4 sat in the living room without activity and/or training as the AM stood in the living room area. At 7:07 AM staff #4 was administering client #3's morning medications. AM #1 was on the main level of the group standing near the first level steps of the group home. Clients #1, #2 and #4 sat in the living room area without activity and/or training. At 7:20 AM, staff #4 returned to the main level of the group home and started setting the dining room table while clients #1, #2, #3, #4 sat in the living room waiting for breakfast. AM #1 stood in the dining room/kitchen area of the group home. Once the breakfast meal was done, client #2 stood to carry his dishes to the kitchen. AM #1 took the dishes from client #2. Staff #4 stated to AM #1 "[Client #2] is to rinse and put dishes in the dishwasher." AM #1 handed the dishes back to client #2. Client #4 took the trash out and client #3 swept the kitchen floor and wiped the dining room table off. Clients #1, #2 #3 and #4 did not participate in any additional training and/or activity during the morning observation period. After breakfast, staff #4 reminded and assisted clients #1, #2, #3 and #4 to brush their</p>				<p>week period. Once the shifts are full the report will be ran weekly to ensure the following two week's shifts are fully staffed. These reports will be audited by the Director daily until the area manager becomes proficient at running them and then weekly. This system also has a "staffed trained" monitoring system, this report will be ran each time a new staff is scheduled to work at this home. Finally, a new scheduling system has been purchased and is in the process of being activated agency wide. As this system becomes active open shift reports will become automated as will staff training reports to ensure that staff are trained on the home.</p>		

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	<p>teeth and comb their hair. AM #1 stood and/or sat in the living room area as client #4 shaved himself with an electric razor in the living room without a mirror. AM #1 did not redirect the client to shave in the bathroom and/or in his room. Staff #4 was upstairs combing client #2's hair in the bathroom.</p> <p>A review of client #1's record was conducted on 5/23/13 at 2:29 P.M. Review of the record indicated a most current Individual Support Plan (ISP) dated 2/14/13 which indicated the objectives: "Will to (sic) identify signs in the community...Will learn to identify names of his medications...Will learn to complete a hygiene check list."</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 ISP indicated the client had objectives "...to learn to use a communication program (picture exchange communication system) to communicate daily)," clean up the group home, pour juice/milk daily, and an objective to sort laundry.</p> <p>A review of client #3's record was conducted on 5/23/13 at 3:00 P.M. Review of the record indicated a most current ISP dated 4/12/13 which indicated the objectives: "Will make a purchase in</p>						

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	<p>the community and learn to count change...Will continue to learn to do his laundry...Will continue to clean his bedroom...Will learn to prepare a side dish...Will learn the six rights of medication...Will learn personal hygiene tasks."</p> <p>A review of client #4's record was conducted on 5/23/13 at 3:15 P.M. Review of the record indicated a most current ISP dated 4/17/13 which indicated the objectives: "Will make change combinations up to 20 dollars...Will learn to identify the name of 1 medication...Will learn to prepare a healthy side dish for dinner."</p> <p>Interview with staff #4 on 5/23/13 at 6:00 AM indicated the group home was short of staff. Staff #4 indicated she worked the midnight Saturday night shift at the group home on a regular basis as she worked at another group home. Staff #4 indicated she had been covering additional hours at the group home due to the home being short staffed. Staff #4 indicated she did not know who was coming in as the second staff person the morning shift of 5/23/13.</p> <p>A review of the facility's group home staff actual clock in and clock out hours dated 1/1/13 to 5/11/13 was conducted on</p>						

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	<p>5/23/13 at 2:00 P.M. Review of the record indicated only 1 staff worked the evening 4:00 P.M. to 11:00 P.M. shift on 1/1/13, 1/2/13, 1/3/13, 1/5/13, 1/6/13, 1/7/13, 1/8/13, 1/9/13, 1/10/13, 1/12/13, 1/14/13, 1/16/13 and 1/19/13.</p> <p>Interview with AM #1 on 5/23/13 at 6:34 AM indicated the group home was short of staff. AM #1 indicated the manager of the group home quit and another staff died.</p> <p>AM #1 stated, "I'm second staff."</p> <p>Interview with the Service Coordinator (SC) on 5/24/13 at 11:25 AM indicated 2 staff worked in the morning and 2 staff worked in the evening at the group home. The SC indicated AM #1 was at the group home to be there as a second staff as the group home did not have another staff scheduled. The SC indicated the group home had been short of staff. The SC further indicated there should be two staff at this group home during awake hours.</p> <p>9-3-3(a)</p>						

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W000189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>Based on observation, record review and interview the facility failed for 4 of 4 clients residing at the group (clients #1, #2, #3 and #4), to provide staff with initial and ongoing training on each clients' Individual Support Plans (ISPs), Risk Plans and Behavior Support Plans (BSPs).</p> <p>Findings include:</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M. During the observation period, Staff #4 cooked the entire meal which consisted of tacos and broccoli and cheese rice. Staff #4 did not prompt or encourage clients #1, #2, #3 and #4 to participate in meal time preparation. Staff #4 and #5 did not implement training objectives at formal and informal times of opportunity. Staff #4 and #5 would check on clients #1, #2, #3 and #4 but did not implement meaningful activities. During the observation, staff #5 asked staff #4 questions about the clients. Staff #5 indicated she did not</p>			W000189	<p>The S.C. will train all staff on client participation in meal preparation and running all the client goals when scheduled and at naturally occurring opportunities. To ensure that this practice continues the service coordinator in conjunction with the community service nurse will visit the home five times a week until staff show proficiency in encouraging client participation in meal preparation. Once proficiency is developed monitoring will reduce to bi monthly visits. July 3, 2013 Once proficiency is established monitoring will fade to two times per week, weekly, and then Biweekly. Additional, monitoring events will be added if staff changes occur. 7/16/13 addendum corrections- this replaces the old plan</p> <p>"The S.C. will train all staff on client participation in meal preparation and running all the client goals when scheduled and at naturally occurring opportunities. To ensure that this practice continues the service coordinator in conjunction with the community service nurse will visit the home five times a week until staff show proficiency in</p>		07/04/2013

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	<p>work at this group home often.</p> <p>A review of client #1's record was conducted on 5/23/13 at 2:29 P.M. Review of the record indicated a most current Individual Support Plan (ISP) dated 2/14/13 with the following objectives: "Will to (sic) identify signs in the community...Will learn to identify names of his medications...Will learn to complete a hygiene check list." Review of client #1's record indicated his diagnosis included, but was not limited to, cardiac arrhythmia. The record indicated he had a fall risk plan dated 1/13 and a dining plan for choking risk dated 1/13.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 Hygiene Plan (risk plan) indicated "...[Client #2] is at risk of infection from poor hygiene habits. History: [Client #2] was hospitalized in August 2012 with an infection stemming from poor hygiene habits...." The 4/5/13 plan indicated client #2 would not wash his hands after using the bathroom and/or scratch his buttocks with his hands and not wash his hands afterwards. Client #2's plan indicated "...[Client #2] will use hand sanitizer before and after every meal to ensure hands are sanitary...."</p> <p>Client #2's 4/5/13 Individual Support Plan</p>				<p>encouraging client participation in meal preparation and running goals. Once proficiency is established monitoring will fade to two times per week, weekly, and then Biweekly. Additional, monitoring events will be added if staff changes occur."</p>		

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	<p>(ISP) indicated client #2 had the following objectives which were not implemented when opportunities for training existed:</p> <ul style="list-style-type: none"> -To learn to point to his mouth for oral medication daily. -To "learn to use a communication program PECS (picture exchange communication system) to communicate daily." -To learn to pour his own juice and milk daily. <p>Further review of client #2's record indicated his diagnoses included, but were not limited to, atypical psychosis, socialization disorder, kyphosis-scoliosis, impulse control disorder, diabetes, constipation and GERD (Gastroesophageal reflux disease).</p> <p>A review of client #3's record was conducted on 5/23/13 at 3:00 P.M. Review of the record indicated a most current ISP dated 4/12/13 which indicated the objectives: "Will make a purchase in the community and learn to count change...Will continue to learn to do his laundry...Will continue to clean his bedroom...Will learn to prepare a side dish...Will learn the six rights of medication...Will learn personal hygiene tasks." Further review of the record</p>						

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	<p>indicated his diagnosis included, but was not limited to, epilepsy with recurrent seizures and a VNS unit (Vagal nerve stimulator for seizures).</p> <p>A review of client #4's record was conducted on 5/23/13 at 3:15 P.M. Review of the record indicated a most current ISP dated 4/17/13 which indicated the objectives: "Will make change combinations up to 20 dollars...Will learn to identify the name of 1 medication...Will learn to prepare a healthy side dish for dinner." Further review of the record indicated his diagnoses included, but were not limited to, diabetes, cardiovascular disease and psychosis.</p> <p>A review of the group home staff and client list was conducted on 5/23/13 at 3:15 P.M. Review of the list did not indicate staff #5 as a scheduled staff for this group home.</p> <p>A request for the staff training records for all staff who worked at the group home with clients #1, #2, #3 and #4 was made on 5/23/13 at 3:30 P.M. The training records did not indicate staff #5 received any client specific training in regards to clients #1, #2, #3 and #4's programs.</p> <p>An interview with the Service</p>						

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	<p>Coordinator (SC) was conducted at the facility's administrative office on 5/24/13 at 11:25 A.M. The SC indicated the training reports submitted were all of the training reports she had to submit for review. The SC further indicated all staff should be trained on each client's programs prior to working with the clients at the group home. No documentation was submitted for review to indicate each staff received training on each client's training, behavioral and medical needs.</p> <p>9-3-3(a)</p>						

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W000217	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include nutritional status. Based on record review and interview the facility failed to assess the dietary needs for 1 of 2 sampled clients (client #1).</p> <p>Findings include:</p> <p>A review of client #1's record was conducted on 5/23/13 at 2:29 P.M. Review of the record indicated client #1 was admitted to the facility on 1/18/13. Further review of the record did not indicate client #1's dietary/nutritional needs had been assessed.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 5/24/13 at 11:25 A.M. The SC indicated the facility's nursing staff could not locate a dietary/nutritional assessment for client #1.</p> <p>9-3-4(a)</p>		W000217	<p>A dietary assessment will be schedule by 7/4/13 for client #1 and any other client in need of an assessment. To ensure future compliance the service coordinator will audit the file weekly until all assessments are completed and then quarterly thereafter.</p>		07/04/2013	

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W000220	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include speech and language development.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), the comprehensive functional assessments failed to indicate the facility had obtained speech/communication assessments of the clients' language skills/abilities.</p> <p>Findings include:</p> <p>1. During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home, client #2 was non-verbal in communication in that the client did not speak.</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M. During the observation, client #2 was non-verbal in communication in that the client did not speak. Client #1 was not able to be understood when he spoke.</p> <p>A review of client #1's record was conducted on 5/23/13 at 2:29 P.M. Review of the record indicated client #1 was admitted to the group home on 1/18/13. Review of client #1's most</p>		W000220	<p>Speech and language Assessments will be scheduled by 7/4/13 for client #1 and #2 and any other client in need at this home.</p> <p>Recommendations, will be integrated into the individuals IPP and goals developed as appropriate. Once scheduled this appointment and its follow up appointments will be maintained in an annual schedule of required appointments by the Health Care Manager. To ensure future compliance the service coordinator will audit the file weekly until all assessments are completed and then quarterly thereafter.</p>		07/04/2013	

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	<p>current Individual Support Plan (ISP) dated 2/14/13 and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 1/18/12 Developmental Assessment indicated the client was admitted to the group home on 11/30/94. Client #2's 4/5/13 ISP and/or record did not indicate the client's speech and/or language skills had been assessed.</p> <p>Interview with the Service Coordinator (SC) and administrative staff #2 on 5/24/13 at 1:38 PM indicated no speech assessments could be located for clients #1 and #2.</p> <p>9-3-4(a)</p>						

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W000221	<p>483.440(c)(3)(v) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must include auditory functioning. Based on interview and record review for 1 of 2 sampled clients (#2), the facility failed to ensure the client's hearing had been assessed.</p> <p>Findings include:</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 Individual Support Plan (ISP) and/or record did not indicate client #2's hearing had been assessed since the client was admitted to the group home in 11/30/94.</p> <p>Interview with the Service coordinator (SC) and administrative staff #2 on 5/24/13 at 1:38 PM indicated they were not able to locate a hearing/audiological assessment for client #2.</p> <p>9-3-4(a)</p>		W000221	<p>An auditory functioning assessment will be scheduled by 7/4/13 for client #2 and any other client in need at this home.</p> <p>Recommendations will be integrated into the individuals IPP and goals developed as appropriate. Once scheduled this appointment and its follow up appointments will be maintained in an annual schedule of required appointments by the Health Care Manager. To ensure future compliance the service coordinator will audit the file weekly until all assessments are completed and then quarterly thereafter.</p>		07/04/2013	

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W000249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (clients #1 and #2), and 2 additional clients (clients #3 and #4), the facility failed to implement the clients' program plan objectives when formal and/or informal training opportunities existed.</p> <p>Findings include:</p> <p>1. During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home, client #2 did not wash his hands prior to eating breakfast. Staff #4 and/or Area Manager (AM) #1 did not encourage and/or prompt the client to wash his hands or to use hand sanitizer. In the office area of the group home, a sign was posted above the desk area which indicated client #2 was to wash his hands after toileting and before meals. Also during the 5/23/13 observation period, facility staff #4 poured hot water into the client's cup for coffee, poured the client's water into a cup and custodially poured milk into client #2's cup without</p>		W000249	<p>The S.C. will train all staff in running all the client goals when scheduled and at naturally occurring opportunities. The service coordinator will model appropriate implementation of goals, and will provide training until proficiency is established. To ensure that this practice continues the service coordinator will visit the home three times a week until staff show proficiency in running and documenting goals. Once proficiency is developed monitoring will reduce to bi monthly visits. July 3, 2013 Once proficiency is established monitoring will fade to two times per week, weekly, and then Biweekly. Additional, monitoring events will be added if staff changes occur. 7/16/13 This replaces old plan of correction "The S.C. will train all staff on client participation in meal preparation and running all the client goals when scheduled and at naturally occurring opportunities. To ensure that this practice continues the service coordinator in conjunction with the community service nurse will</p>		07/04/2013	

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	<p>involving/teaching the client. Client #2 also sat without training and/or activity during the 5/23/13 observation period while the client was waiting for breakfast. Once client #2's breakfast was over, the client sat in the living room area without an activity and/or training except where staff #4 took client #2 to the bathroom to comb his hair. Staff #4 did not provide any medication training with client #2 during the morning medication pass. During the above mentioned 5/23/13 observation period, client #2 was non-verbal in communication in that the client did not speak. Staff did not provide any communication training with the client.</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M.. During the observation period, Staff #4 cooked the entire meal which consisted of tacos and broccoli-cheese rice. Staff #4 did not prompt or encourage clients #1, #2, #3 and #4 to participate in meal preparation. Staff #4 and #5 did not implement training objectives at formal and informal times of opportunity. Staff #4 and #5 would check on clients #1, #2, #3 and #4 but did not implement meaningful activities.</p> <p>A review of client #1's record was</p>			<p>visit the home five times a week until staff show proficiency in encouraging client participation in meal preparation and running goals. Once proficiency is established monitoring will fade to two times per week, weekly, and then Biweekly. Additional, monitoring events will be added if staff changes occur."</p>			

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	<p>conducted on 5/23/13 at 2:29 P.M. Review of the record indicated a most current Individual Support Plan (ISP) dated 2/14/13 which indicated the objectives: "Will to (sic) identify signs in the community...Will learn to identify names of his medications...Will learn to complete a hygiene checklist."</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 Hygiene Plan (risk plan) indicated "...[Client #2] is at risk of infection from poor hygiene habits. History: [Client #2] was hospitalized in August 2012 with an infection stemming from poor hygiene habits...." The 4/5/13 plan indicated client #2 would not wash his hands after using the bathroom and/or scratch his buttocks with his hands and not wash his hands afterwards. Client #2's plan indicated "...[Client #2] will use hand sanitizer before and after every meal to ensure hands are sanitary...."</p> <p>Client #2's 4/5/13 Individual Support Plan (ISP) indicated client #2 had the following objectives which were not implemented when opportunities for training existed:</p> <ul style="list-style-type: none"> -To learn to point to his mouth for oral medication daily. -To "learn to use a communication program PECS (picture exchange 						

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	<p>communication system) to communicate daily."</p> <p>-To learn to pour his own juice and milk daily.</p> <p>A review of client #3's record was conducted on 5/23/13 at 3:00 P.M. Review of the record indicated a most current ISP dated 4/12/13 which indicated the objectives: "Will make a purchase in the community and learn to count change...Will continue to learn to do his laundry...Will continue to clean his bedroom...Will learn to prepare a side dish...Will learn the six rights of medication...Will learn personal hygiene tasks."</p> <p>A review of client #4's record was conducted on 5/23/13 at 3:15 P.M. Review of the record indicated a most current ISP dated 4/17/13 which indicated the objectives: "Will make change combinations up to 20 dollars...Will learn to identify the name of 1 medication...Will learn to prepare a healthy side dish for dinner."</p> <p>Interview with the Service Coordinator (SC) #1 on 5/24/13 at 1:38 PM indicated facility staff should implement clients' goals throughout the day.</p> <p>2. During the 5/23/13 observation period</p>						

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	<p>between 5:50 AM and 8:35 AM, at the group home, staff #4 did not provide any medication training with client #1 at the morning medication pass.</p> <p>Client #1's record was reviewed on 5/23/13 at 2:29 P.M. Client #1's 2/14/13 ISP indicated client #1 had an objective to learn to identify names of his medications which facility staff did not implement.</p> <p>Interview with the Service Coordinator (SC) #1 on 5/24/13 at 1:38 PM indicated facility staff should implement clients' goals throughout the day.</p> <p>9-3-4(a)</p>						

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W000368	<p>483.460(k)(1) DRUG ADMINISTRATION</p> <p>The system for drug administration must assure that all drugs are administered in compliance with the physician's orders. Based on observation, interview and record review for 1 of 22 medications administered, the facility failed to ensure a client's medication was administered as prescribed for client #3.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, client #3 received his morning medications at 7:08 AM. Client #3 did not receive Ocusoft Pre Moist Pad at the morning medication pass.</p> <p>Client #3's May 2013 Medication Administration Record (MAR) was reviewed on 5/23/13 at 8:10 AM. Client #3's May 2013 MAR indicated client #3 should receive Ocusoft Pre-Moist Pad in the morning "Use as directed" daily.</p> <p>Client #3's record was reviewed on 5/23/13 at 3:56 PM. Client #3's 5/13 physician's orders indicated client #3 received "Ocusoft Pre-Moist Pads Use as directed by doctor once a day."</p> <p>An interview with staff #4 was conducted on 5/23/13 at 8:26 A.M. When asked if</p>		W000368	<p>This staff and other staff working at this home will be retrained on medication administration by 7/4/13 including the administration of Acusoft. To ensure that this practice continues the service coordinator and community services nurse will visit the home five times a week including weekends and will observe medication passes, until staff show proficiency in administering and documenting medications. Once proficiency is developed monitoring will reduce to bi monthly visits.</p>		07/04/2013	

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	<p>client #3 received the Ocusoft Pre-Moist Pad she stated, "Missed giving." Staff #4 indicated the Ocusoft was a scrub which was to be applied to client #3's eyelids.</p> <p>9-3-6(a)</p>						

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W000440	<p>483.470(i)(1) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills at least quarterly for each shift of personnel. Based on record review and interview, the facility failed to conduct evacuation drills on the day shift (7:00 A.M. to 3:00 P.M.) during the third quarter (July 1st through September 30th) of 2012 which affected 4 of 4 clients living in the facility (clients #1, #2, #3 and #4).</p> <p>Findings include:</p> <p>A review of the facility's records was conducted on 5/22/13 at 11:37 A.M. The review failed to indicate the facility held an evacuation drill for clients #1, #2, #3 and #4 on the day shift during the third quarter of 2012.</p> <p>The Area Manager (AM) was interviewed on 5/22/13 at 11:30 A.M. The AM indicated all available evacuation drills had been submitted for review.</p> <p>An interview with the Service Coordinator (SC) was conducted on 5/24/13 at 11:25 A.M. The SC indicated evacuation drills were to be conducted during each quarter for each shift of staff.</p> <p>9-3-7(a)</p>		W000440	<p>A Day shift fire drill will be held by 7/4/13. All staff will be trained on running fire drills per regulation. To ensure future compliance the Director will audit fire drill logs on the third week of each month and will schedule the AM to run an unannounced fire drill during any missing shifts during the fourth week of the month. Once a regular pattern of drills is established monitoring will fade to a quarterly basis, still occurring on the third week of the month so that any missing drills can be run.</p>		07/04/2013	

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W000455	<p>483.470(l)(1) INFECTION CONTROL</p> <p>There must be an active program for the prevention, control, and investigation of infection and communicable diseases.</p> <p>Based on observation, interview and record review for 2 of 2 sampled clients (#1 and #2), and for 2 additional clients (#3 and #4), the facility failed to ensure clients washed their hands prior to eating to prevent the possible spread of infection.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home, clients #1, #2, #3 and #4 did not wash their hands nor did they use hand sanitizer prior to eating breakfast. Staff #4 and/or Area Manager (AM) #1 did not encourage and/or prompt the clients to wash their hands. In the office area of the group home, a sign was posted above the desk area which indicated client #2 was to wash his hands after toileting and before meals.</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M. From 5:00 P.M. until 5:45 P.M., clients #1, #2, #3 and #4 sat in the living room. Client #4 scratched his stomach several times. Client #1 wiped his nose with his bare</p>	W000455	<p>This staff and other staff working at this home will be retrained on hand washing and universal precautions by 7/4/13. To ensure that this practice continues the service coordinator and community services nurse will visit the home five times a week including weekends and will observe medication passes and meal preparation, until staff show proficiency in hand washing and sanitation. Once proficiency is developed monitoring will reduce to bi monthly visits.</p>		07/04/2013		

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	<p>hands. At 5:45 P.M., clients #1, #2, #3 and #4 were prompted by staff #4 to eat dinner. Clients #1, #2, #3 and #4 walked into the dining area and sat down and began serving themselves. Clients #1, #2, #3 and #4 did not and were not prompted to wash their hands nor to use hand sanitizer prior to eating their evening meal.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 Hygiene Plan (risk plan) indicated "... [Client #2] is at risk of infection from poor hygiene habits. History: [Client #2] was hospitalized in August 2012 with an infection stemming from poor hygiene habits...." The 4/5/13 plan indicated client #2 would not wash his hands after using the bathroom and/or scratch his buttocks with his hands and not wash his hands afterwards. Client #2's plan indicated "...[Client #2] will use hand sanitizer before and after every meal to ensure hands are sanitary...." The risk plan indicated facility staff would monitor client #2 for "signs of poor hygiene."</p> <p>Interview with the Service Coordinator (SC) on 5/24/13 at 1:38 PM stated client #2 had "issues with infection," and the client was to wash his hands "throughout the day." The SC indicated facility staff should have encouraged client #2 to wash</p>						

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	<p>hands prior to the meal. The SC indicated client #2 was hospitalized in the past with an infection due to the client's poor hygiene.</p> <p>9-3-7(a)</p>						

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W000460	<p>483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. Based on observation, interview and record review for 1 of 2 sampled clients (client #2), the facility failed to assure the staff provided food in accordance with the client's diet order.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home at 6:32 AM, the facility had a 2000 (calorie) ADA (diabetic) diet posted in the kitchen which was undated and did not include a daily date for which day the menu items should be served. The menu did not include/specify portion sizes. The undated posted menu also did not indicate a dietician reviewed/signed the menus. The 2000 ADA diet menu indicated the following:</p> <p>regular diet: pineapple Canadian bacon toast margarine Orange juice Water</p> <p>2000 diabetic diet:</p>	W000460	<p>A dietary assessment will be schedule by 7/4/13 for client #1 and any other client in need of an assessment. Once completed, the dietician will modify the menu to reflect accurate measurements at each meal. Nursing staff will have trained staff on the diabetic diets. In order to prevent reoccurrence the Nurse in conjunction with the service coordinator will train both home and day program on the diabetic diet plan, this training will include a demonstration on making exchanges and identifying appropriate day time snacks including modeling and return demonstrations of appropriate exchanges. A set of measured service utensils will be obtained for this home and CI# 2 will be trained on utilizing them To ensure that this practice continues the service coordinator and community services nurse will visit the home five times a week including weekends and will observe medication passes and meal preparation, until staff show proficiency in hand washing and sanitation. Once proficiency is developed monitoring will reduce to bi monthly visits. July 3, 2013 "until staff show proficiency in hand washing and sanitation." Should read "until staff show</p>		07/04/2013		

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	<p>pineapple sausage patty toast 1 cup 2% milk water margarine</p> <p>During the 5/23/13 observation period, clients #1, #2, #3 and #4's breakfast was fixed by staff #4. Staff #4 prepared and served the same food and/or serving amounts for each client. Clients #1, #2, #3 and #4 received 1 hard boiled egg, Cinnamon Toast Crunch cereal, raisin bread toast with Nutella (hazelnut/chocolate spread) on it (unmeasured amount), 1 cup of coffee, 1 sweetener packet, 1 cup of milk and 1 cup of water.</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M. At 5:45 P.M., client #2 began eating his evening meal which consisted of taco meat, tortillas, lettuce, cheese and broccoli-cheese rice. Client #2 served himself 2 tortillas with 3 tablespoons of meat in each tortilla and an unmeasured amount of rice. After client #2 ate his meal, staff #4 asked client #2 if he wanted more food. Client #2 then served himself another tortilla with an unmeasured amount of meat and rice. After client #2 finished his second</p>				<p>proficiency in following the prescribed diet, measurements and appropriate food exchanges"</p>		

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	<p>helping of the meal, he walked to the living room. Staff #4 again asked client #2 if he wanted more food. Client #2 walked into the kitchen and served himself the remaining taco meat and rice in the serving bowls.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 5/13 physician's orders indicated client #2's diagnosis included, but was not limited to, Diabetes (Type II). Client #2's 5/13 physician's orders indicated client #2 received a 2000 calorie diabetic, low cholesterol diet.</p> <p>Client #2's 8/17/11 Nutritional Assessment was reviewed on 5/23/13 at 2:56 P.M. The Nutritional Assessment indicated client #2 received a 2000 calorie low fat and low cholesterol diet.</p> <p>Interview with the Service Coordinator (SC) and administrative staff #2 on 5/24/13 at 1:38 PM indicated client #2 was on a 2000 calorie diabetic diet. The SC indicated facility staff should follow the posted menu in the group home. The SC and administrative staff #2 indicated facility staff were to turn in menus monthly to be reviewed and signed by the dietician.</p> <p>9-3-8(a)</p>						

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W000488	<p>483.480(d)(4) DINING AREAS AND SERVICE</p> <p>The facility must assure that each client eats in a manner consistent with his or her developmental level.</p> <p>Based on observation and interview, the facility failed to assure 4 of 4 clients residing at the group home (clients #1, #2, #3 and #4) were involved in meal preparation and served themselves at meal times as independently as possible.</p> <p>Findings include:</p> <p>During the 5/23/13 observation period between 5:50 AM and 8:35 AM, at the group home, staff #4 custodially prepared breakfast while clients #1, #2, #3 and #4 sat in the living room. Staff #4 set the table in the dining room, made raisin bread toast, placed Nutella (hazelnut/chocolate) Spread on the toast, carried the toast to the table, made coffee, and made hard boiled eggs without involving the clients. Staff #4 poured hot water in each client's cup and added instant coffee, and placed 1 sweetener packet at each client's place setting at the table. Staff #4 poured cereal into clients #3 and #4's bowls. Staff #4 retrieved a glass of water for each client from the sink. Staff #4 peeled the hard boiled eggs and placed an egg on each client's plate. Staff #4 poured milk into each client's cup at the dining room table. Staff #4 also</p>			W000488	<p>The S.C. will train all staff on client participation in meal preparation and running all the client goals when scheduled and at naturally occurring opportunities. To ensure that this practice continues the service coordinator in conjunction with the community service nurse will visit the home five times a week until staff show proficiency in encouraging client participation in meal preparation. Once proficiency is developed monitoring will reduce to bi monthly visits.</p>		07/04/2013

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	<p>made the tuna salad for client #1, #2, #3 and #4's lunch without involving the clients.</p> <p>An evening observation was conducted at the group home on 5/23/13 from 5:00 P.M. until 6:30 P.M. During the observation period, staff #4 cooked the entire meal which consisted of tacos and broccoli-cheese rice. Staff #4 did not prompt or encourage clients #1, #2, #3 and #4 to participate in mealtime preparation.</p> <p>Client #2's record was reviewed on 5/23/13 at 2:56 PM. Client #2's 4/5/13 Individual Support Plan (ISP) indicated client #2 had an objective to, with staff assistance, learn to pour juice/milk daily.</p> <p>A review of client #3's record was conducted on 5/23/13 at 3:00 P.M.. Review of the record indicated a most current ISP dated 4/12/13 which indicated: "Will learn to prepare a side dish."</p> <p>A review of client #4's record was conducted on 5/23/13 at 3:15 P.M.. Review of the record indicated a most current ISP dated 4/17/13 which indicated: "Will learn to prepare a healthy side dish for dinner."</p>						

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	Interview with the Service Coordinator (SC) on 5/24/13 at 11:25 AM indicated clients #1, #2, #3 and #4 should set the table and be involved in meal preparation. 9-3-8(a)						